क्रिक्ट के जिल्ला कि जा कि

APPLICATION FORM

Master of Accountancy in Taxation

Department of Accounting and Information Systems University of Dhaka

Program Office: Room # 3003, MBA Building, Faculty of Business Studies
University of Dhaka, Dhaka-1000, Bangladesh
E-mail: mat@du.ac.bd

Affix a passport size photograph taken within the past 6 months (Please do not staple or pin it)

INSTRUCTIONS:

Applicants should submit a duly filled-in application form including all the required documents. Applicants are responsible for ensuring that the supporting documents are duly verified. Incomplete application or application containing untrue specifics will render the application invalid. A non-refundable application processing fee of Taka 2,000 (or an equivalent \$25) is required for processing the application. The application fee may be paid by a bank draft or an account payee check payable to "AIS-Master of Accountancy in Taxation."

A. PERSONAL INFORMATION

1.	Name of the Applicar	t:				
	• •		First	Middle	Last	
2.	Father's Name :					_
3.	Mother's Name :					_
4.	Date of Birth :					_
5.	E-mail :					_
6.	Mobile Number :					_
7.	Sex:		O Male	 O Female		_
8.	Civil Status :		O Married	O Unmarried		_
9.	Religion :					_
10	. Occupation :					_
11	. Address :					
Pre	esent Address	:		Present Address	:	
Vil	lage/House/Flat/Road	:		Village/House/Flat/Road	:	
Ро	st Office	:		Post Office	:	
Up	oazila	:		Upazila	:	
District		:		District	:	
Post Code		:		Post Code	:	

B. ACADEMIC QUALIFICATIONS

Provide names of all universities and other institutions you have attended, listing the most recent institution first. Submit attested copies of official transcript of academic record and academic certificate of each degree program. Original copies of transcripts and certificates are required for confirming your admission in the degree program.

Degree	Group/Subject & Name of Institution	Board/University	CGPA/Class	Program Duration	Academic Year	Passing Year

C. PROFESSIONAL QUALIFICATIONS AND OTHER Experiences

1. Professional Qualifications, if any.
Please list your professional qualification(s), if any

Name of Qualification	Name of Institution	Number of Years

2. Prior Work Experiences

Account for all the time since you began work after graduation. Please provide employment details in chronological order, listing the most recent employment first.

Institution or Organization	Position/Nature of Work (Title/City/Country)	From Month/Year to Month/Year	Duration

3. If you have not b	een employed since you	ı left university, briefly describe your pro	ofessional activities during this period.
4. Please list schola	rships, prizes, honors, aw	vards and other recognitions, if any.	
5. Please list memb	pership in honor societie:	s and professional associations, if any.	
6. References: Please list below the academic and person	•	addresses of two persons who are wel	l acquainted with your intellectual abilities
Name	:	Name	:
Position/Designati	on:	Position/Designation	on:
Organization	:	Organization	:
Mailing Address	:	Mailing Address	:
E-mail	:	E-mail	:
Tel/Fax	:	Tel/Fax	:
D. PLEASE READ T	HE FOLLOWING AND S	IGN	
me ineligible for Information System	admission to the Maste ms of the University of	er of Accountancy in Taxation progra	n from or giving false information will make m in the Department of Accounting and sal from the University. To the best of my plete and accurate.
Si	gnature	_	 Date



Signature with Seal

Acknowledgement

Master of Accountancy in Taxation

Department of Accounting and Information Systems
University of Dhaka

Program Office: Room # 3003, MBA Building, Faculty of Business Studies University of Dhaka, Dhaka-1000, Bangladesh E-mail: mat@du.ac.bd Affix a passport size photograph taken within the past 6 months (Please do not staple or pin it)

Date

Roll No.			Serial No.	
1. Name of the Applicant :	First	Middle	Last	
2. Father's Name :				
3. Mother's Name:				
Signature with Seal	_		Date	
Signature with Sear			Date	
Department o Program Office : Roon	Admit Car F Accountance of Accounting and I University of Dh n # 3003, MBA Buildin ty of Dhaka, Dhaka-10 E-mail: mat@du.ac	cy in Tanformation aka g, Faculty co	on Systems of Business Studies	Affix a passport size photograph taken within the past 6 months (Please do not staple or pin it)
Roll No.			Serial No.	
1. Name of the Applicant :	First	Middle	Last	
2. Father's Name :				
3. Mother's Name :				